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**OCT 13 2004**

Deliver to: Jamal A. Fox, USPTO Art Group: 2664  
 Facsimile No.: 703 872-9306 Date: October 13, 2004  
 From: James Henry, Reg. No. 41,064  
 Our Docket No.: 81862P182 Number of pages 5 including this sheet.  
 Application No.: 09/728,881 Filing Date: 12/1/2000  
 Docket Due Date(s): \_\_\_\_\_

Enclosed are the following documents:

<input type="checkbox"/> Amendment: _____ ( ____ pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (in triplicate) ( ____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ ( ____ pgs) w/cover & abstract	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( ____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief ( ____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( ____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion ( ____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( ____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input checked="" type="checkbox"/> Other <u>Change of Correspondence Address</u>	<input checked="" type="checkbox"/> Transmittal Letter

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Pat Sullivan 10/13/2004  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/728,881
		Filing Date	December 1, 2000
		First Named Inventor	Steven Man Pak Yip
		Art Unit	2664
		Examiner Name	Jamal A. Fox
Total Number of Pages in This Submission	5	Attorney Docket Number	81862P182

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           Change of Correspondence Address; Facsimile Transmittal Sheet         </div>
<div style="display: flex;"> <div style="border: 1px solid black; padding: 5px; width: 20%;">Remarks</div> <div style="flex-grow: 1;"></div> </div>		

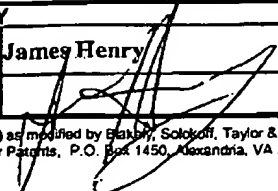
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKEY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 13, 2004

<p align="center"><b>CERTIFICATE OF MAILING/TRANSMISSION</b></p> <p>I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.</p>			
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Signature	<i>Pat Sullivan</i>	Date	October 13, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 08/04/2004.  
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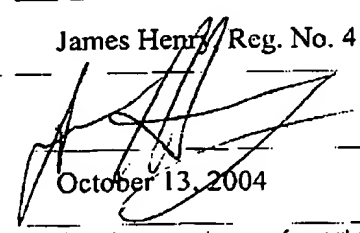
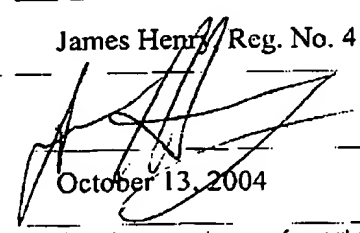
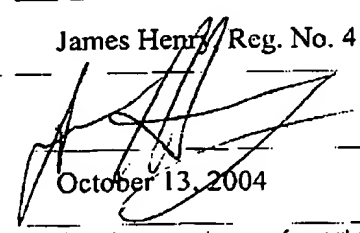
FEE TRANSMITTAL for FY 2004		Complete If Known	
Effective 01/01/2004. Patent fees are subject to annual revision.		Application Number	09/728,881
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 1, 2000
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Steven Man Pak Yip
		Examiner Name	Jamal A. Fox
		Art Unit	2664
		Attorney Docket No.	81862P182

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		3. ADDITIONAL FEES	
Deposit Account Number: 02-2666		Large Entity Small Entity	
Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP		Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid	
The Commissioner is authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.		2053 130 2053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1. BASIC FILING FEE		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
Large Entity Small Entity		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1251 110 2251 55 Extension for reply within first month	
1001 790 2001 395 Utility filing fee		1252 430 2252 215 Extension for reply within second month	
1002 350 2002 175 Design filing fee		1253 080 2253 490 Extension for reply within third month	
1003 560 2003 275 Plant filing fee		1254 1,530 2254 765 Extension for reply within fourth month	
1004 790 2004 395 Reissue filing fee		1255 2,080 2255 1,040 Extension for reply within fifth month	
1005 160 2005 80 Provisional filing fee		1404 340 2401 170 Notice of Appeal	
SUBTOTAL (1) (\$)		1402 340 2402 170 Filing a brief in support of an appeal	
2. EXTRA CLAIM FEES		1403 300 2403 150 Request for oral hearing	
Total Claims: 22* = 22* X Fee from below = Fee Paid		1451 1,510 2451 1,510 Petition to institute a public use proceeding	
Independent Claims: 4 = 4 X Fee from below = Fee Paid		1452 110 2452 55 Petition to revive - unavoidable	
Multiple Dependent		1453 1,370 2453 685 Petition to revive - unintentional	
Large Entity Small Entity		1501 1,370 2501 685 Utility issue fee (or reissue)	
Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid		1502 490 2502 245 Design issue fee	
1202 18 2202 9 Claims in excess of 20		1503 660 2503 330 Plant issue fee	
1201 88 2201 44 Independent claims in excess of 3		1460 130 2460 130 Petitions to the Commissioner	
1203 300 2203 150 Multiple Dependent claim, if not paid		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
1204 88 2204 44 **Reissue independent claims over original patent		1806 180 1806 180 Submission of Information Disclosure Stmt	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
SUBTOTAL (2) (\$)		1800 790 1800 395 Filing a submission after final rejection (37 CFR § 1.129(a))	
**or number previously paid, if greater. For Reissues, see below		1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b))	
4* Reduced by Basic Filing Fee Paid		1801 760 2801 395 Request for Continued Examination (RCE)	
SUBTOTAL (3) (\$)		1802 900 1802 900 Request for expedited examination of a design application	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	
		Date	10/13/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 02/10/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

WLR 5/1/2003

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application No.</b>		09/728,881																																											
<b>Address</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<b>Filing Date</b>		December 1, 2000																																											
		<b>First Named Inventor</b>		Steven Man Pak Yip																																											
		<b>Group Art Unit</b>		2664																																											
		<b>Examiner Name</b>		Jamal A. Fox																																											
		<b>Attorney Docket Number</b>		81862P182																																											
<p>Please change the Correspondence Address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> <b>Customer Number</b> <span style="border: 1px solid black; padding: 2px 20px;">08791</span> Type Customer Number here</p> <p style="text-align: center;"><b>OR</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;"><input type="checkbox"/> <b>Firm or Individual Name</b></td><td colspan="5"></td></tr><tr><td><b>Address</b></td><td colspan="5"></td></tr><tr><td><b>Address</b></td><td colspan="5"></td></tr><tr><td><b>City</b></td><td></td><td><b>State</b></td><td></td><td><b>ZIP</b></td><td></td></tr><tr><td><b>Country</b></td><td colspan="5"></td></tr><tr><td><b>Telephone</b></td><td></td><td><b>Fax</b></td><td colspan="3"></td></tr></table> <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>41,064</u>.</p> <table style="width: 100%;"><tr><td style="width: 20%;">Typed or Printed Name</td><td>James Henry / Reg. No. 41,064</td></tr><tr><td>Signature</td><td></td></tr><tr><td>Date</td><td>October 13, 2004</td></tr></table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*</small></p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> <p><small>Based on PTO/SB/122 (09-03) as modified by Blakely, Sokoloff, Taylor &amp; Zelman (wlr) 02/10/2004 Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450</small></p>						<input type="checkbox"/> <b>Firm or Individual Name</b>						<b>Address</b>						<b>Address</b>						<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>						<b>Telephone</b>		<b>Fax</b>				Typed or Printed Name	James Henry / Reg. No. 41,064	Signature		Date	October 13, 2004
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